

Region II Interagency Coordinating Committee  
2/13/06 meeting minutes

*In attendance: Marlys Albright, Nancy Rubbelke, Wendy Thomas, Kathy Lee, Mary Lou Holliday, Dianne Maupin, Patty Redding, Dawn Klein, Keith Gustafson, Holly Pedersen, Alan Ekblad*

*Guest Speaker: Cathy Haarstad, NDCPD*

1. The minutes from last meeting were passed out along with the meeting agenda.
2. Cathy Haarstad presented a brief overview of a newly funded grant called PLAY (Planning Leisure Activities for Young Children). Cathy mentioned that the PLAY Project stems from a previous grant (Leaps & Bounds) that was written by some of our RICC members. The PLAY Project is different in that it has extended the age group to children up to 8 years old and focusing on general recreation and leisure activities. The grant was sponsored by the North Dakota State Council on Developmental Disabilities. Brochures for both parent and professionals have been developed.
3. Cathy Haarstad also mentioned that the Family Connections Conference will be held June 14-16, 2006 in Bismarck. Full conference registration is due June 2, 2006. For more information, log onto [www.conted.und.edu/connections](http://www.conted.und.edu/connections)
4. Kathy Lee announced that the *Reach Out and Read* program has been funded at the UND Family Practice Center in Minot ND. This program involves doctors by providing them: 1) training about the importance of reading to children, 2) developmentally appropriate books to pass along to families during well baby checkups, and 3) volunteers to read to kids in the waiting rooms before their doctor's appointment. Deb has asked Kathy to think about presenting this information at the June 2006 Family Connections Conference.
5. Right Track reports were given for October 1 – December 31<sup>st</sup>. In Ward county, 89 children screened and there were 30 new referrals. There were 2 children referred from RT to DDCM. Referral sources in Ward county included parents (6), hospital (5), Children's Special Health Services (6), CAPTA (7), RT (2), and Trinity Hearing Services (4). In Peace Garden Consortium, there were 63 children screened and there were 19 new referrals. There were 3 children referred from RT to DDCM. Referral sources in PGC included parents (4), hospital (7), Children's Special Health Services (2), Rugby Head Start (2), and RT consultant (4). Discussion was held in receiving referrals from Trinity in which babies did not pass their newborn hearing screenings. RT Coordinators questioned the "next steps" in getting services and information for these families. Kathy Lee mentioned that the EHDI (Early Hearing Detection and Intervention) Program acquired free and reproducible materials from a national conference in Washington DC talking about the importance of follow-up to hearing screenings. RT Coordinators would like these materials to give to families to reinforce the importance of getting the family back for a second screening. Keith Gustafson asked what the status was in getting RT Providers trained to conduct hearing screenings during home visits. No one knew the current status of that idea. It was also noted that some hospitals do not notify families if they passed their hearing screening. Patty Redding volunteered to talk with the local hospital and to promote that all families know the results of their screening.
6. Results of a national study conducted at the FPG Child Development Institute at UNC-Chapel Hill were shared. The study was published in the December 2005 issue of *Pediatrics* and included over 2500 parents receiving early intervention services in 20 states. Interviewers called these parents and asked 5 questions related to services they've received. Findings offer

evidence that Part C programs have supported most families in their caregiving responsibilities. The study also highlighted some areas of improvement.

- a. More specialized help for families of children with behavior problems
- b. Expanded efforts to help families gain access to community support systems
- c. More concerted efforts to ensure that early intervention is equally accessible and effective for families from diverse cultures
- d. More integration of pediatric health care with early intervention, particularly for children who have special health needs in addition to a disability

Each area of improvement was discussed. Area (a) was discussed at length. As a result, the committee is recommending that we co-sponsor a community training for parents, child care providers and teachers in how to respond to behaviors in young children. Keith Gustafson mentioned that two of his staff is trained on a curriculum called *Positive Beginnings*. The committee is looking into offering weekly evening courses at MSU during the month of April.

7. Mary Lou Holliday suggested to the group that we look into the possibility of offering playgroups/social gatherings for past and present families enrolled in Infant Development. Parent on the committee endorsed this idea and felt it would be a good means for parents to offer support to each other and also a time for children to get together and play. Mary Lou contacted Head Start to see if space might be available to conduct such a meeting. Patty R suggested that we survey parents to see if this might be of interest to a large enough group. Kathy Lee nominated Mary Lou and Rachelle Yoder to implement the survey.

Submitted by Wendy Thomas